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**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

TO: U.S. Patent and Trademark Office  
Examiner: Twyler Marie Lamb  
Art Unit: 2622

DATE: March 30, 2006

FROM: Troy M. Schmelzer

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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**MESSAGE:**

**RE: U.S. Patent Application Serial No.: 09/837,713; Our Ref. 81800.0154**

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal/Petition for Extension of Time

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450, for filing in the above application.

March 30, 2006  
Date of Deposit

Rhonda Hurt  
Rhonda Hurt

TELECOPY/FAX NUMBER: 571-273-8300 Art Unit 2622

CLIENT NUMBER: 81800.0154

ATTORNEY BILLING NUMBER: 3212

CONFIRMATION NUMBER: (please return fax to Juanita Soberanis)

FORM PTO-1083

Attorney Docket No. 81800.0154  
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masaki KOTANI

Serial No: 09/837,713

Confirmation No.: 9170

Filed: April 17, 2001

For: Image Forming Apparatus

Art Unit: 2622

Examiner: Lamb, Twyler Marie

I hereby certify that this correspondence  
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Commissioner for Patents  
P.O. Box 1450  
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March 30, 2006

Date of Deposit

Rhonda Hurt

Name

*Rhonda Hurt*

Signature

3/30/06

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Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

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Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment
- ☒ Petition for Extension of Time
- ☐ No additional fees required.

The fee has been calculated as shown below:

is fee has been calculated as shown below.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	21	**	2	LG=\$50 SM=\$25	\$50	\$ 100
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
TOTAL								\$ 100

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of \$ 100.00 for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the fee of \$ 120.00 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
  - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
  - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

*Troy M. Schmelzer*  
Troy M. Schmelzer  
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Date: March 30, 2006

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